

EXPLANATION OF BENEFITS

Please Retain for Future Reference Date Printed: 03/28/03

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JOHN DOE 1000 MIDDLE STREET MIDDLETOWN CT 06457

THIS IS NOT A BILL

QUESTIONS? Contact us at aetnanavigator.com

For Customer Service please call: 1-800-999-9999 1000 Middle Street Middletown CT 06457 Or write to the address shown above.

Notes: This is the claim detail for the bills received on 03/21/03.

NEW STATEMENT DESIGN: this statement enhances the Explanation of Benefits. See www.aetna.com/members/eob for an interactive statement with field-by-field descriptions.

Claim Activity for John T Doe (Self)

Member: John T. Doe Group Name: ABC Company Member ID: Please refer to ID Card Group Number: 660379-10-001 AB DAMG7D

			Patient Responsibility						Total Patient	
DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED AMOUNT	NOT PAYABLE SEE BY PLAN REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	Responsibility
General Medical 03/17/03 Office Visit 03/19/03 Surgery	110.00 2,000.00 A	90.00 1,800.00	С	D	90.00 10.00 E	1,790.00	80%	1,432.000 G	358.00 H	90.00 368.00 I
Column Totals	2,110.00	1,890.00			100.00	1,790.00		1,432.000	358.00	458.00

Fund Paid 458.000

Remarks:

Your Fund has reimbursed a portion of the Copay, Deductible, Your Share of Amount Remaining and other eligible expenses.

Plan Summary for 01/01/03 - 12/31/03

Description			
Aetna HealthFund	Beginning Balance	YTD-Used	Balance Remaining
Fund Benefit	\$1,500.00	\$1,358.00	\$142.00
Individual Limits	Annual Limit	Year To Date	Remainder
Medical In Network Deductible Medical In Network Share of Amount Remaining (Coinsurance) Medical Out of Network Deductible Medical Out of Network Share of Amount Remaining (Coinsurance)	\$1,000.00 \$2,000.00 \$1,000.00 \$4,000.00	\$1,000.00 \$358.00 \$1,000.00 \$358.00	\$0.00 \$1,642.00 \$0.00 \$3,642.00
Individual Lifetime Maximums:	Limit	Used	
Medical	\$1,000,000.00	\$25,000.00	

Payment Summary:

Sent To: General Medical Date Sent: 03/26/2003 Amount: \$1,890.00